

DECLARATION FOR PATENT APPLICATION

Docket Number
RD-28,250

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM TO INVESTIGATE A COMPLEX CHEMICAL SPACE

the specification of which is attached hereto unless the following box is checked:

was filed on _____ as United States Application Number or PCT International Application Number _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application

Priority Claimed

Yes No

(Number) (Country) (Day/Month/Year Filed)

Yes No

(Number) (Country) (Day/Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) I below.

(Application Number) (Filing Date)

(Application Number) (Filing Date)

I hereby claim the benefit under Title 35, United States Code §120 of any United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Number) (Filing Date) (Status - patented, pending, abandoned)

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I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Pa and Trademark Office connected therewith, CUSTOMER NO. 006147.



006147

PATENT TRADEMARK OFFICE

Address all telephone calls to: Noreen C. Johnson at telephone number (518) 387-7863

Address all correspondence to: **General Electric Company**
CRD Patent Docket Rm 4A59
P.O. Box 8, Bldg. K-1 - Schenectady, New York 12301

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST INVENTOR:Full name: James Norman Cawse

First Name

Middle Name

Last Name

Signature: James Norman Cawse

Date

May 2 2001

Residence: Pittsfield, MA

City and State

Citizenship: USAPost Office Address: 132 Kittridge Road, Pittsfield, MA 01201**SECOND JOINT INVENTOR:**

Full name:

First Name

Middle Name

Last Name

Signature: _____

Date _____

Residence: _____

City and State

Citizenship: _____

Post Office Address: _____

THIRD JOINT INVENTOR:

Full name:

First Name

Middle Name

Last Name

Signature: _____

Date _____

Residence: _____

City and State

Citizenship: _____

Post Office Address: _____

FOURTH JOINT INVENTOR:

Full name:

First Name

Middle Name

Last Name

Signature: _____

Date _____

Residence: _____

City and State

Citizenship: _____

Post Office Address: _____